

**New Jersey Department of Health and Senior Services
Influenza Vaccine Update #7
November 19, 2004 – 12:00 PM**

New Material in Bold

This memo summarizes the most recent actions taken in response to the limited supply of influenza vaccine available to the U.S. population this season. The New Jersey Department of Health and Senior Services (NJDHSS) has been engaged in many activities to ensure that only high-priority individuals receive influenza vaccine. NJDHSS has been in close contact with the Centers for Disease Control and Prevention (CDC), local health departments (LHDs), the business community, hospitals, long-term care facilities (LTCFs) and trade organizations to address the many flu vaccine-related issues confronting the public health care system. Update # 7 provides information on:

- Vaccine availability
- Vaccine distribution
- Antiviral agents
- Communications
- Educational materials
- Surveillance
- Complaints
- High-priority groups and vaccine allocation
- Vaccine tracking
- Surge capacity

1. Vaccine Availability

a) Injectable Vaccine

On October 19, Secretary of the U.S. Department of Health and Human Services, Tommy Thompson, and Aventis Pasteur (AvP) announced that AvP would be producing an additional 2.6 million doses to be delivered by January 2005. These additional doses would bring the total of vaccine produced by AvP for use this influenza season to 58 million. AvP **has been shipping** two to three million doses per week as soon as they are produced.

b) Live Attenuated Inhaled Vaccine (FluMist)

Medimmune Inc. plans to produce 3 million doses of live attenuated inhaled vaccine (FluMist) approved for use by healthy individuals between 5 and 49 years of age. They plan to distribute 400,000 doses per week for 5 weeks beginning in November followed by another 1 million doses in January 2005. The use of FluMist is not limited to HCWs or direct caregivers, but is available to other eligible people in the general population.

NJDHSS surveyed LTCFs to assess their interest in receiving FluMist for use among health care workers (HCWs) ages 18-49 years. CDC has informed NJDHSS that initially only 5,200 doses will be available to New Jersey. The Department has submitted the order to purchase these doses which will be shipped directly to LTCFs within a few weeks.

A provider may distribute FluMist doses that are shipped after November 2, 2004 without the use of a Freezebox. For these shipments, FluMist may be stored in a standard frost-free freezer through February 8, at which point it expires and should be discarded. All FluMist that was previously shipped should continue to be stored in a Freezebox. Should you have any questions regarding this information, please contact MedImmune, Inc. at 1-877-FLUMIST (1-877-358-6478).

All healthy people 5 to 49 years of age who are not pregnant can get FluMist this season. This includes most out-of-home caregivers and household contacts of children less than 6 months of age and most health-care workers. FluMist can be used in health-care workers who care for severely immunocompromised patients in special care units, but caution must be exercised. For these health-care workers, the flu shot is preferred because of a theoretical risk of passing the weakened live virus in FluMist to severely immunocompromised patients. Given this risk, health-care workers receiving FluMist must avoid contact with severely immunocompromised patients for 7 days after being inoculated.

2. Vaccine Distribution

On October 26, NJDHSS notified local health departments (LHDs) and AvP the amount of inactivated vaccine they would be able to order off the state contract. NJDHSS developed a strategy to equitably distribute this vaccine to LHDs based on information provided by LHDs. As a result, all LHDs were able to purchase at least 42% of their original amount of vaccine, regardless of where they placed their original order. LHDs have already received this vaccine and scheduled clinics. Several are using a lottery system to allocate vaccine to residents of their communities

On November 2, CDC, AvP and major professional public health organizations finalized a plan to allocate remaining AvP vaccine equitably among states.

On November 9, NJDHSS received notice from CDC that New Jersey will receive 342,000 additional doses of flu vaccine for adults between now and early 2005 as a result of the nationwide reallocation of vaccine. Approximately 119,000 doses were allocated to LHDs. Approximately 142,000 doses will be available by December 19, and the remaining 81,000 will be available in January 2005. LHDs that ordered from AvP received 100 percent of their original order. LHDs that ordered off the state contract or directly from a Chiron distributor received at least 84 percent of their original order.

NJDHSS has finalized orders from hospitals, FQHCs and institutions for the developmentally disabled. These orders were submitted yesterday to CDC via their Secure Data Network. CDC, in turn, will submit the orders to AvP for shipment to designated distributors. As a result, a total of 54,000 doses should be shipped to these institutions within a few weeks.

NJDHSS and LTCF-representative organizations are finalizing vaccine allocation and distribution plans for Nursing Homes and Assisted Living facilities. NJDHSS expects to submit the majority of these orders to CDC by early next week, with shipment of vaccine no later than December 19th.

The plan for allocating the 81,000 doses of adult vaccine available in January, 2005 will be finalized over the next several weeks. Decisions will be based on information provided by private practitioners to LHDs, as well as information provided to NJDHSS from other providers in the state.

In addition, approximately 39,000 doses of preservative-free vaccine licensed for use in children 6-35 months of age will be made available for purchase by practitioners who care for children.

On October 29, Commissioner Lacy issued an administrative order requiring health care professionals to administer influenza vaccine only to those people at high risk of serious, flu-related complications and their caregivers. Physicians, nurses, pharmacies, health care facilities and others who dispense vaccine are covered by the order, which carries out legislation Governor James E. McGreevey signed October 27, 2004. In addition, the department currently has no intention of reallocating any vaccine held by any entity in the state, although permitted to do so by the law.

As per the CDC web site, and a memo from Medimmune, all healthy people aged 5-49 years who are not pregnant can use FluMist. The Commissioner's administrative order does not apply to FluMist.

The NJDHSS has distributed approximately 8000 doses of available state-purchased vaccine to facilities that had ordered Chiron-manufactured vaccine as follows:

- 2400 doses to health care facilities for use among employees who work in areas where high- risk patients are treated (e.g., emergency departments, oncology units, intensive care units).
- 1600 doses to DHS facilities for use among their developmentally disabled residents
- 4000 doses to 19 Federally Qualified Health Centers

3. Antiviral agents in the outbreak setting

On October 19, the CDC released guidelines and recommendations for use of antiviral medications (<http://www.cdc.gov/flu/professionals/treatment/0405antiviralguide.htm>). Healthcare providers are expected to obtain antiviral agents from private pharmaceutical distributors and pharmacies. The CDC may honor a request made ONLY by State and Territorial Health Departments for antiviral agents from the Strategic National Stockpile (SNS) for use in outbreak settings.

Last week, NJDHSS sent copies of the above guidelines to LTCFs. A memo, which accompanied these guidelines, provided LTCFs with information to assist them in preventing and preparing for an outbreak of influenza in their facility. On November 5, NJDHSS provided supplemental guidelines to LTCFs for preventing and controlling an influenza outbreak. The document was distributed through the three state organizations representing these facilities.

4. Communications

- a) The NJDHSS Press Office has been fielding calls from the media daily, providing updates on the situation in New Jersey.
- b) In addition, as of today, the NJDHSS hotline has fielded approximately **23,000** calls from the public, health care providers, and LHDs.
- c) On October 26, NJDHSS sent a memo to local health officers explaining the initial vaccine allocation process used to determine how much each LHD would be permitted to purchase off the state contract. A modified version of the memo was also sent to all mayors and legislators. On November 12, NJDHSS hosted a teleconference with local health officers to discuss the basis of Phase 2 allocation of vaccine and potential future allocations and how best to distribute this vaccine. LHDs were urged to survey private practitioners on their flu vaccine needs for high risk patients and then provide this information to the NJDHSS.
- d) NJDHSS is in the process of distributing a public service announcement recorded by Dr. Lacy, emphasizing the targeted use of vaccines to high-priority individuals only.
- e) On November 3, 2004, Dr. Eddy Bresnitz convened a meeting of DHSS, the leadership of the Medical Society of New Jersey (MSNJ) and the New Jersey Osteopathic Association, the New Jersey Chapters of the Academy of Family Physicians, American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, the Local Health Officers Association and others at MSNJ headquarters to discuss how best to provide future shipments of flu vaccine to high-risk private patients. The consensus was that private practitioners and LHDs should work together to ensure that vaccine is

provided to high-risk/priority individuals in the community. If necessary, LHDs could serve as brokers between one private practitioner with extra vaccine and another who has none. There was also general agreement that the distribution of vaccine in a community during Phase 2 would best be coordinated by the LHD.

- f) **NJDHSS has distributed a memo about the availability of preservative-free vaccine to the New Jersey Osteopathic Association and the New Jersey Chapters of the Academy of Family Physicians and American Academy of Pediatrics. Practitioners are being urged to contact their LHD to indicate how much vaccine they might wish to purchase.**
- g) The New Jersey State Epidemiologist has been participating on CDC/ASTHO/APHL/CSTE conference calls to review issues.
- h) **Several vaccine distributors have blast faxed their customers, advising them to contact their state or LHD "... to report the number of doses needed for their high risk patients..." and to select the distributor as the vendor. These messages do not indicate that states will ultimately decide where limited vaccine will be distributed. As a result, NJDHSS and many LHDs are being inundated with calls from private providers seeking to place orders for vaccine. NJDHSS is referring these calls back to LHDs, which were notified during last week's conference call conducted by Dr. Bresnitz that they should be assessing the needs of the non-institutional providers in their jurisdiction. NJDHSS has provided a form to LHDs for assessing provider needs. Once this has been done, LHDs are asked to submit these requests to NJDHSS, which will make the final determination on how best to distribute the remaining vaccine. Several LHDs have already completed this task. Dr. Bresnitz will be hosting another call with LHDs next Tuesday (information to follow) to discuss issues related to allocating and distributing the remaining vaccine (both adult and age 6-35 months doses) allocated by CDC to New Jersey.**

5. Educational materials

a) The Division of Mental Health Services in the Department of Human Services has developed a fact sheet on relieving mental health stress due to the vaccine shortage. It is entitled "Flu Vaccine Shortage: Coping with your fear and anxiety" and will soon be available at: www.nj.gov/health/flu/flu_vaccineshortage.pdf

b) In light of the vaccine shortage, we encourage our public health partners to promote flu prevention messages including hand hygiene and universal respiratory precautions. New information and educational materials have been posted to the NJDHSS website and can be found at the following URLs:

Links to new educational materials can be found at

Hand washing poster: www.nj.gov/health/flu/prevent_colds_and_flu.pdf

Cold vs. Flu chart: www.nj.gov/health/flu/fluorcold.shtml

If you get the flu: www.nj.gov/health/flu/flucureinfo.shtml

Prevent the spread of flu: www.nj.gov/health/flu/preventflu.shtml

c) Universal Respiratory Precautions posters were mailed to all LHDs. These posters are available in pdf format at: <http://www.nj.gov/health/flu/education.shtml>

d) A variety of additional educational materials, including guidance targeted to HCWs who care for peri- and postpartum women, have been developed by CDC:

Guidance for Prevention and Control of Influenza in the Peri- and Postpartum Settings Provides guidance for pre-, during, and after delivery, and breastfeeding by influenza-infected mothers.

<http://www.cdc.gov/flu/professionals/infectioncontrol/peri-post-settings.htm>

Poster: Notice to Patients to Report Flu Symptoms

This 8.5" x 11" color poster can be printed, displayed and/or distributed. It emphasizes covering coughs and sneezes and the cleaning of hands.

<http://www.cdc.gov/ncidod/hip/INFECT/RespiratoryPoster.pdf>

Personal Protective Equipment (PPE) in Healthcare Settings

Slides, video and posters demonstrating the use of PPE.

<http://www.cdc.gov/ncidod/hip/ppe/default.htm>

Questions and Answers: Information for Schools

The following link provides answers to questions commonly asked by school administrators, teachers, staff, and parents.

<http://www.cdc.gov/flu/school/qa.htm>

Other educational materials for schools can be found at

<http://www.cdc.gov/flu/groups.htm>

"Tools to Help Prevent the Spread of Flu in the Workplace" fact sheet provides links to multiple flu-related resources.

www.cdc.gov/flu/pdf/flu.tools.pdf

Patient Education Materials: 2004-05 Vaccine Shortage Flyers

<http://www.cdc.gov/flu/professionals/flugallery/shortageflyers.htm>

"Vaccination is Not the Only Way to Help Prevent the Flu" (available in several languages)

**"Patient Screening Form: Who should and who should not get a flu shot?"
(revised and available in several languages)
"Patient Screening Form for Clinics Providing FluMist (Nasal Spray) during the
2004-05 Flu Season"**

6. Surveillance

On October 27, NJDHSS received a preliminary report of a positive rapid antigen test (Influenza A) in a New Jersey resident. To date, this has not been confirmed by culture. On November 4, the NJDHSS received reports of two New Jersey residents with positive screening tests for influenza. The samples have been sent to the NJDHSS lab for confirmatory testing by culture. **To date, none of the submitted specimens have been culture positive.**

On October 28, NJDHSS distributed guidelines to infection control professionals and LINCS epidemiologists for reporting influenza-related pediatric hospitalizations and deaths.

Surveillance data for influenza-like activity (ILI) in New Jersey can be accessed at <http://nj.gov/health/flu/surveillance.shtml>. **To date, there is no indication of increased influenza-like activity in the state.**

At the request of the CDC, states have added questions to the Behavioral Risk Factor Surveillance System (BRFSS) to help monitor the flu vaccine situation. The first report of this data was released on November 17, and showed that, overall, higher risk/priority individuals appear to be receiving vaccine, and healthy individuals are foregoing vaccination.

7. Complaints

We have received only a few complaints of organizations providing vaccine to low priority individuals. Upon further investigation, these complaints have proven to be unfounded. NJDHSS will investigate all such complaints, as well as those related to potential price gouging. All complaints can be called to the NJDHSS hotline at 1-866-234-0964.

8. High-priority groups and allocation of vaccine

High priority groups include high-risk individuals and those who can infect high-risk individuals. These include:

- All children aged 6-23 months;
- Adults aged 65 years and older;
- Persons aged 2-64 years with underlying chronic medical conditions;
- All women who will be pregnant during the influenza season;
- Residents of nursing homes and long-term care facilities;

- Children aged 6 months-18 years on chronic aspirin therapy;
- Health-care workers involved in direct patient care; and
- Out-of-home caregivers and household contacts of children aged <6 months.

With limited vaccine supply, organizations are deciding which of their high-priority individuals should receive vaccine. Neither the CDC nor NJDHSS have indicated that any priority group has a higher priority over another. Organizations will have to assess their own needs and make their own decisions on which high priority individuals should receive vaccine.

9. Vaccine tracking

On Friday, October 22, NJDHSS trained 22 LINCS sites to use the New Jersey Emergency Preparedness Inventory System, a web-based inventory system to track the receipt, storage, and distribution of vaccine and other medical supplies. However, NJDHSS staff has determined that this system is less than ideal for our needs. As a result, we will be using the NJ Inventory Management System that is more suited for our goals and has better reporting capabilities. NJDHSS provided instructions on using this system through the HAN. If you have any questions, please call the NJDHSS Help Desk at 1-800-883-0059.

10. Surge capacity

On October 22, NJDHSS staff met with representatives of the hospital associations to discuss issues related to surge capacity in the event of increased morbidity related to influenza this season. Surge capacity was also briefly discussed at the quarterly MEDPREP meeting held on October 25. The group discussed emergency department triage, cohorting of patients, Universal Respiratory Precautions, availability of ventilators and other issues. NJDHSS developed influenza surge capacity guidance for healthcare facilities based on best practices and currently is vetting the draft with appropriate stakeholders. These guidelines were distributed to hospitals through the trade organizations and to LHDs and EMS agencies through LINCS.

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